

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/11/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295070		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2009	
NAME OF PROVIDER OR SUPPLIER THE PLAZA REGENCY AT SUN MOUNTAIN				STREET ADDRESS, CITY, STATE, ZIP CODE 6021 W. CHEYENNE AVE. LAS VEGAS, NV 89108			
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F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the annual Medicare recertification survey conducted at your facility from 8/4/09 through 8/7/09. The census was 171 residents. The sample size was 30 residents, which included 3 closed records and 4 unsampled residents. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			F 000			
F 155 SS=D	<p>The following deficiencies were identified:</p> <p>483.10(b)(4) NOTICE OF RIGHTS AND SERVICES</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to obtain a signed consent for the use of psychotropic medications for 1 of 30 residents (#10).</p> <p>Findings include:</p> <p>Resident #10</p>			F 155			9/1/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 155	<p>Continued From page 1</p> <p>Resident #10 was admitted to the facility on 9/27/09. Resident #10's diagnoses including cerebrovascular accident with hemiparesis, seizure disorder, failure to thrive and depression.</p> <p>The physician's orders and medication recapitulation records for July 2009 revealed Resident #10 was on Celexa 20 milligrams (mg) by mouth every day for depression (originally ordered on 12/10/08), Abilify 25 mg. by mouth at bedtime for depression, Abilify 10 mg. by mouth every day for depression (originally ordered on 3/25/09) and was on Trazodone 150 mg. by mouth at bedtime (originally ordered on 3/31/09) which was discontinued on 7/2/09.</p> <p>According the Medication Administration Record (MAR), Resident #10 received the medications as ordered.</p> <p>The facility failed to obtain signed consents for the psychotropics medications listed above.</p> <p>There were three forms initiated for the above medications listing the medication, diagnosis and behavioral manifestations. The sections for the responsible party to sign, facility witness and how and the dates the consents were obtained were blank.</p> <p>On 8/4/09 in the morning, Employee #18 revealed the nurses were responsible for getting the Informed Consent for Psychotropic Drug Use signed by the responsible party for the resident.</p> <p>On 8/4/09 in the afternoon, the Director of Nurses stated she did not have a policy on the use of psychotropic medications and consents.</p>	F 155			
F 241	483.15(a) DIGNITY	F 241		9/1/09	

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F 241 SS=E	<p>Continued From page 2</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that residents received care that maintained or enhanced the individual's dignity and respect for 2 of 26 sampled residents (# 9, #22), and 4 unsampled residents (#27, #28, #29, #30).</p> <p>Findings include:</p> <p>Resident # 9</p> <p>Resident #9 was a 42 year old male admitted to the facility on 7/9/09 with diagnoses including Cerebral Infarction, Quadriplegia, Renal Failure and Diabetes.</p> <p>During the initial tour on 8/4/09 and throughout the survey, Resident # 9 was observed with an uncovered Foley Catheter bag hanging on the side of the bed.</p> <p>Unsampled Residents # 27 and #28</p> <p>On 8/5/09 at 4:00 PM, during the dinner meal in the 1st floor Dining Room, Employee #11 was observed standing between Resident #27 on her right side, and Resident # 28 on her left side.</p> <p>Employee #11 began feeding Resident #27 while standing. After approximately 15 minutes,</p>	F 241			

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F 241	<p>Continued From page 3</p> <p>Employee #11 began feeding Resident #28, while still standing. Employee #11 continued to feed both Resident #27 and Resident #28 at the same time, alternating one spoonful to Resident #27 with her right hand, then one spoonful to Resident #28 with her left hand.</p> <p>Resident #29</p> <p>On 8/5/09 during dinner meal in the first floor dining room, Employee #13 and a kitchen staff member were observed to have carried on a conversation in a foreign language while Employee #13 was feeding Resident #29.</p> <p>Resident #30</p> <p>On 8/6/09 during dinner meal in the first floor dining room, Employee #15 was observed to have administered insulin injection to Resident #30.</p> <p>Employee #16 revealed, "No injectables, no inhalers, PO (by mouth) medications only" were administered in the dining area.</p> <p>Employee #16 denied having seen a policy and procedure on this practice.</p> <p>The facility policy entitled, Administering of Drugs, revised 7/04 did not specifically address practice of medication administration in the dining area.</p> <p>Resident #22</p> <p>On 8/7/09 at 8:00 AM, Employee #17 was observed providing tracheostomy care, to include suctioning to Resident #22.</p>	F 241			

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F 241	Continued From page 4 Resident #22's bedroom door was left fully open, and the curtain around Resident #22's bed was pulled to one side of the bed during respiratory care. Employee #17 failed to provide privacy during tracheostomy.	F 241			
F 371 SS=E	483.35(i) SANITARY CONDITIONS The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain sanitary conditions for the storage, preparation, and service of food. Findings include: An inspection of the facility's main kitchen on 8/4/09, revealed the following: Main kitchen: - The can opener and tray line drawers were soiled and in need of cleaning; - Pans were stacked while still wet; and - An opened container of cottage cheese was undated. A review of the facility's dietary policies failed to reveal a policy on food date marking and discarding. An interview with the Food Service Director, Employee #5, was conducted on 8/5/09	F 371		9/1/09	

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F 371	<p>Continued From page 5</p> <p>at 11:30 AM, and she indicated that leftovers were discarded within three days. The Food Service Director acknowledged that kitchen staff did not normally date cottage cheese containers upon opening, and that there was no written policy regarding the timeframe for discarding potentially hazardous foods.</p> <p>An inspection of the facility's second-floor kitchen on 8/6/09, revealed the following:</p> <p>Upstairs kitchen:</p> <ul style="list-style-type: none"> - The only hand sink was blocked by a cutting board table and large buckets (access issue) and tray line dish lids were being stored in the sink during the lunch meal service (backflow/contamination issue); - A carton of milk and four pitchers of juice were sitting on a table without refrigeration or other means of maintaining the proper temperature; - pH test strips were not available to monitor the wiping cloth bucket sanitizing solution; and - There were spills in and around the juice dispenser. <p>The survey team's environmental health specialist conducted an inspection of the facility's main kitchen on 8/4/09, and the following findings were listed on the Food Service Establishment Inspection Report:</p> <ol style="list-style-type: none"> 1. The pre-spray hose on the dishwashing machine needed to be raised above the sink rim, and it needed a back flow device. 2. The grout around the dishwashing machine was in need of cleaning and re-grouting. 3. The interior of the reach-in freezer was in need of cleaning. 4. The hand sink needed to be secured to the 			F 371			

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F 371	Continued From page 6 wall.	F 371			
F 431 SS=D	<p>5. The caulking on the hood needed to be replaced.</p> <p>6. The dumpster lid needed to be kept closed.</p> <p>483.60(b), (d), (e) PHARMACY SERVICES</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>	F 431		9/1/09	

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F 431	<p>Continued From page 7</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure pharmaceuticals were stored in an acceptable manner.</p> <p>Findings include:</p> <p>On 8/5/09 at 9:15 am, the 1st floor Medication Room contained the following:</p> <ul style="list-style-type: none"> - Senna Syrup 8 Fluid (Fl) Ounces (Oz); 1 bottle; Lot #0904-5452-097; Expiration (Exp) date 2/09; - Ranitidine Tablets 75 mg (milligrams); 30 tablets; Lot # 1807988; Exp date 7/09; - Magnesium Oxide 400 mg; 120 tablets; 1 bottle; Lot #23160; Exp date 5/09; - Cherry Flavored Sore Throat Spray 6 Fl Oz; Lot # 71146; Exp date 4/09; - Gas Ban 80 mg 100 Chewable; Lot # 1039693; Opened date 12/20; Exp date 4/11; <p>In the refrigerator:</p> <ul style="list-style-type: none"> - Lorazepam 2 mg/ml (milliliter) 4 vials; Lot #076033; Exp date 6/09 - Fortaz Pre Mix IVPB (Intravenous piggy back) 2 bags; Lot #001730412; dated 7/25/09; Resident name on IV bag; The charge nurse indicated the Fortaz had been discontinued but the medication had not been returned to the pharmacy. <p>The charge nurse confirmed the outdated medications and removed them for disposal.</p> <p>On 8/5/09 at 10:40 am, the 2nd floor medication room contained the following:</p>	F 431			

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F 431	Continued From page 8 - 50% Dextrose Injection 25 Gm (Grams); Lot # 55-429-DK, Exp date 7/1/09; - Vitamin D 400U 100 tablets - 2 bottles; Lot #334897; Exp date 7/09; - Ranitidine Tablets 75 mg - 30 tabs - 4 boxes; Lot # 1807988; Exp date 7/09; In the refrigerator: - Open container of Blueberry Pro 96 Acidophilus Probiotic; No date opened; Lot #93398; Exp date 6/26/09; - Open vial of Novolog Insulin Mix 70/30; Opened 5/29/09; Lot #2F0041; Exp date 6/11/09 The medication nurse confirmed the expiration dates of the medication and removed them for disposal.	F 431			
F 442 SS=D	483.65(b)(1) PREVENTING SPREAD OF INFECTION When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure appropriate isolation precautions were maintained for 1 of 30 residents (#9). Findings include: Resident #9 Resident #9 was a 42 year old male originally	F 442			9/1/09

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F 442	<p>Continued From page 9</p> <p>admitted to the facility on 7/9/09, with diagnoses including Cerebral Infarction, Quadriplegia, Renal Failure, Diabetes and Ventilator Dependent. Resident was readmitted on 7/23/09, following an acute hospitalization for Renal Failure.</p> <p>The Physician's orders dated 7/23/09 indicated Contact Precautions.</p> <p>The Blood Culture results dated 7/22/09 revealed: Staphylococcus Coagulase Negative.</p> <p>The wound culture report from the G-tube (gastrostomy) site dated 7/21/09 revealed: Staph Aureus, Methicillin Resis (Resistant) (MRSA) scant growth.</p> <p>During the initial tour and throughout the survey, there were no contact precautions identified and followed on Resident #9.</p> <p>On 8/6/09 at 12:15 PM, Employee #20 explained the facility's policy for contact precautions. Employee # 20 revealed isolation precautions are implemented as soon as an order was written. The staff would notify Employee #20 and would obtain an isolation cart which contained gowns, gloves and masks. If Employee #20 was not available, the staff would obtain the isolation cart themselves.</p> <p>Employee #20 indicated 2 signs would be placed outside the residents door. One sign alerts the staff that contact precautions were to be followed. The second sign instructed the visitors to go to the nurse's station so they could be informed of the proper technique to follow.</p> <p>Employee #20 added that contact precautions</p>			F 442			

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F 442	<p>Continued From page 10</p> <p>would remain in place until an order was received from a physician to discontinue the precautions. Employee # 20 also indicated the Director of Nurses (DON) and Employee #20 could also discontinue Isolation precautions.</p> <p>Employee # 20 indicated she was not aware that Resident #9 had orders for Contact precautions.</p> <p>On 8/6/09 at 12:30 PM, Employee #16 indicated he was not aware Resident #9 was supposed to be on Contact precautions. Employee #16 stated the process to set up contact precautions was to notify the Infection Control (IC) nurse. The IC nurse would bring the necessary equipment.</p> <p>Employee #16 added contact precautions would be discontinued when the course of antibiotics was completed. Employee #16 indicated no re-cultures would be necessary.</p> <p>On 8/6/09 at 4:00 PM, Employee #20 revealed, upon further investigation, Resident #9 had been on contact precautions when he was in his previous room, on the ventilator hallway. Resident #9 was transferred to his current room on 8/3/09. At that time, the contact isolation was discontinued. Employee #20 did not know the reason why the precautions were discontinued since there was no physician order.</p> <p>On 8/5/09 at 3:00 PM, observed the wound care nurse change the dressing on Resident #9's sacral area, with the assistance of a Certified Nurses Aide(CNA) for positioning. Both the nurse and CNA wore gloves but neither wore a gown.</p> <p>Facility policy titled Isolation Precautions, Categories of, (Undated) revealed:</p>			F 442			

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F 442	Continued From page 11 Policy Interpretation and Implementation "...4 a. Examples of infections requiring Contact Precautions include, but are not limited to: 1. Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria;" "4 c. ... wear gloves (clean, nonsterile) when entering the room." "4 d....wear a gown (clean, nonsterile) when entering the room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the resident is incontinent, has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing...." "4 g. Signs - Color coded signs will be used to alert staff of the implementation of isolation precautions, while protecting the privacy of the resident. Orange is the color code for contact precautions. 1. An orange sign instructing visitors to report to the nurses' station before entering should be placed at the doorway."	F 442			
F 444 SS=D	483.65(b)(3) PREVENTING SPREAD OF INFECTION The facility must require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice. This REQUIREMENT is not met as evidenced by: Based on observation and document review, the facility failed to maintain a sanitary practice by hand washing during bedside care for 2 of 30 residents (#18 and #22).	F 444		9/1/09	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 444	<p>Continued From page 12</p> <p>Findings include:</p> <p>Resident #22</p> <p>On 8/7/09 at 8:00 AM, Employee #17 was observed providing tracheostomy care to Resident #22.</p> <p>Employee #17 initially put on a pair of gloves to remove the old dressing from the tracheostomy site.</p> <p>Employee #17 removed the gloves and donned on a new pair of gloves without handwashing.</p> <p>Employee #17 then proceeded to clean Resident #22's neck area with a dressing and normal saline.</p> <p>During the dressing change, the resident coughed and secretions came up. Employee #17 cleared the secretions from the tracheostomy opening site.</p> <p>Employee #17 failed to change gloves and failed to perform handwashing after clearing Resident #22's secretions from the tracheostomy site. It was evident Employee #17's gloves got wet, when the dressing used to wipe the secretions got saturated.</p> <p>Employee #17 used the same dirty gloves and placed his hand in a package of clean dressing placed on top of the bedside table. There were clean dressings left in the package for later use.</p> <p>Upon completion of tracheostomy care, Employee #17 held Resident #22's head to reposition for comfort with the same dirty gloves on.</p>	F 444			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 444	<p>Continued From page 13</p> <p>Resident #18</p> <p>On 8/7/09 at 9:25 AM, Employee #19 was observed to providing wound treatment to Resident #18's coccyx area.</p> <p>It was observed during the procedure, Employee #19 changed his gloves four times. Employee #19 acknowledged the need to change gloves but failed to perform hand washing between glove changes.</p> <p>The facility policy titled, Standard Precautions (undated) revealed, "...Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn; Wash hands immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Wash hands between tasks and procedures on the same resident to prevent cross-contamination of different body sites; Remove gloves promptly after use, before touching non-contaminated items..."</p>	F 444			